

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/774472 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8	1		1			
9	1		1			
10		1		2		
11		1		2		
12		1		1		
13		1		1		
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TOTAL IND.	4	1	4	1		
TOTAL DEP.	13		15			
TOTAL CLAIMS	17		19			